



# Benefits Summary APWU/NALC

The below summary of the APWU/NALC Plan Benefits is additional information to your Certificate of Coverage. If the information in this document is different from your Certificate of Coverage, this document applies. The percentages noted are applied to DENCAP's Dental allowance for each service and may vary based on your dentist's current fees.

**Covered Services:**

Annual Maximum: \$3,000

Deductible: None

Waiting Period: None

	<b>DENCAP DHMO Benefit</b>
Office Visit	\$10.00
<b>Diagnostic and Preventive – performed by a general dentist</b>	
Exams, X-Rays, Cleanings	100%
Complete Series (D0210) & Panoramic (D0330)	100%
Sealants (1 <sup>st</sup> and 2 <sup>nd</sup> Molars only – once in lifetime up to age 14)	100%
Space Maintainers (Up to age 19, primary teeth only)	90%
Fluoride Treatment (Up to age 19)	100%
<b>Basic – performed by a general dentist</b>	
Fillings	90%
Root Canals	90%
Routine Extractions	90%
<b>Major – performed by a general dentist</b>	
Periodontics	90%
Crowns (D2751/D2791 only)	75%
Bridges, Dentures, Partials, Repairs to Appliances	75%
<b>Specialty Care</b>	
Oral Surgery, Endodontics, Periodontics, Pedodontics	50%
<b>Orthodontics - Lifetime Maximum, Comprehensive Case Only</b>	
Up to age 19	\$3,000
Over age 19	\$1,500

DENCAP CUSTOMER SERVICE or CLAIM STATUS  
800-451-5918

DENTAL OFFICES, SUBMIT CLAIMS TO:  
DENCAP Dental Plans  
P.O. Box 2819 Detroit, MI 48202-3231